

Public Document Pack

Health & Wellbeing Board

To:

Councillor Janet Campbell (Chair)

Dr Agnelo Fernandes, NHS Croydon Clinical Commissioning Group (Vice-Chair)

Councillor Stephen Mann

Councillor Alisa Flemming

Councillor Jerry Fitzpatrick

Councillor Mary Croos

Councillor Yvette Hopley

Councillor Margaret Bird

Rachel Flowers, Director of Public Health - Non-voting

Edwina Morris, Healthwatch

Hilary Williams, South London and Maudsley NHS Foundation Trust

Michael Bell, Croydon Health Services NHS Trust - Non-voting

Steve Phaure, Croydon Voluntary Action - Non Voting

Matthew Kershaw, NHS Croydon Clinical Commissioning Group (CCG)

A meeting of the **Health & Wellbeing Board** will be held on **Wednesday, 20 October 2021** at **2.00 pm** in **This meeting will be held remotely.**

Katherine Kerswell
Chief Executive
London Borough of Croydon
Bernard Weatherill House
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If you require any assistance, please contact Anoushka Clayton-Walshe 020 8726 6000 x62537 as detailed above.

AGENDA – PART A

1. Apologies for Absence

To receive any apologies for absence from any members of the Committee.

2. Minutes of the Previous Meeting (To Follow)

To approve the minutes of the meeting held on 20 January 2021 and 17 June 2021 as an accurate record.

3. Disclosure of Interests

In accordance with the Council's Code of Conduct and the statutory provisions of the Localism Act, Members and co-opted Members of the Council are reminded that it is a requirement to register disclosable pecuniary interests (DPIs) and gifts and hospitality to the value of which exceeds £50 or multiple gifts and/or instances of hospitality with a cumulative value of £50 or more when received from a single donor within a rolling twelve month period. In addition, Members and co-opted Members are reminded that unless their disclosable pecuniary interest is registered on the register of interests or is the subject of a pending notification to the Monitoring Officer, they are required to disclose those disclosable pecuniary interests at the meeting. This should be done by completing the Disclosure of Interest form and handing it to the Democratic Services representative at the start of the meeting. The Chair will then invite Members to make their disclosure orally at the commencement of Agenda item 3. Completed disclosure forms will be provided to the Monitoring Officer for inclusion on the Register of Members' Interests.

4. Urgent Business (if any)

To receive notice of any business not on the agenda which in the opinion of the Chair, by reason of special circumstances, be considered as a matter of urgency.

5. Public Questions

Public Questions should be submitted before 12 noon on 15 October 2021 to democratic.services@croydon.gov.uk. Any questions should relate to items listed on the agenda. 15 minutes will be allocated at the meeting for all Public Questions that are being considered.

6. Health in Croydon's Black Community: A Tribute to Black History Month

To receive two presentations themed on the health of Croydon's black community and Black History Month.

7. Integrated Care System (ICS) Update

To receive a verbal update and discuss the Integrated Care System (ICS).

8. Healthwatch Croydon Annual Report 2020-21 (Pages 5 - 44)

To note the Annual Healthwatch report which sets out a summary of what has been achieved between 1 April 2020 and 31 March 2021.

9. An update on the Joint Strategic Needs Assessment (JSNA) (To Follow)

To provide an update on the changes to the JSNA operational processes detailed in the report.

10. Annual report of Health and Wellbeing Board 2020/2021 (Pages 45 - 52)

To note the annual report of the Health and Wellbeing Board which outlines the work of the Board between June 2020-2021, before reporting to Council.

11. Exclusion of the Press and Public

The following motion is to be moved and seconded where it is proposed to exclude the press and public from the remainder of a meeting:

“That, under Section 100A(4) of the Local Government Act, 1972, the press and public be excluded from the meeting for the following items of business on the grounds that it involves the likely disclosure of exempt information falling within those paragraphs indicated in Part 1 of Schedule 12A of the Local Government Act 1972, as amended.”

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REPORT TO:	Health and Wellbeing Board 20 October 2021
SUBJECT:	Healthwatch Croydon Annual Report 2020/21
BOARD SPONSOR:	Edwina Morris, Healthwatch Croydon
PUBLIC/EXEMPT:	Public

SUMMARY OF REPORT

Our annual report presents the work we have achieved between 1 April 2020 and 31 March 2021.

BOARD PRIORITY/POLICY CONTEXT:

Local Healthwatch are independent, corporate bodies set up by the Health and Social Care Act 2012, the legislation that also brought the Health and Wellbeing Board into being. Local Healthwatch organisations have a seat on their Health and Wellbeing Board and contribute to ensuring the voices of local people are heard.

FINANCIAL IMPACT:

This report does not have any financial implications. It is a report of a service delivered and does not contain direct proposals.

RECOMMENDATIONS:

The Board is asked to note the report.

2. EXECUTIVE SUMMARY

- 2.1. The Healthwatch Croydon contract was awarded to Help & Care in April 2018 following a competitive tendering process. This report sets out a summary of what has been achieved between 1 April 2020 and 31 March 2021

3. BACKGROUND & CONTEXT

- 3.1 Healthwatch Croydon works to get the best out of local health and social care services by ensuring the people who use health and care services can influence the way they are delivered. From improving services today to helping shape better ones for tomorrow, we listen to local people's views and experiences and then influence decision-making.

3.2 Help & Care are a charity based on the south coast and are one of the largest providers of Healthwatch services in England. As an organisation, we have been involved in patient and public involvement in health for over 20 years and our work on Healthwatch has enabled us to build on and share our skills and experience as well as offer considerable economies of scale. We strongly believe that enabling people to shape health and care will support the creation of better services that meet needs more effectively. With so much change taking place in health and care services currently, the need to engage effectively with people has never been so important.

3.3 We have several legal functions, under the 2012 Health and Social Care Act.

These are:



4. KEY ACTIVITIES 2020-21

4.1. Some key statistics for our year: We heard from 1,588 people this year about their experiences of health and social care. We published 8 reports about the improvements people would like to see to health and social care services. From this, we made 44 recommendations. Most have been acted upon either by the point where we reviewed progress or are identified as actions included in plans. We had 22 volunteers helped us to carry out our work. In total, they contributed 813 hours equalling nearly 116 days all without meeting face-to-face due to restrictions.

- 4.2. We began the year responding to the challenge of COVID-19. For an organisation where core work focused on meeting people face-to-face in community locations such as hospitals, GP surgeries and libraries and with local community groups and organisations, this posed a significant challenge. However, our board and team worked hard to maintain and develop the service, within the limits of lockdown, and while we were all working at home.
- 4.3. In March 2020, along with all other Healthwatch organisations, we received a letter from Sir Robert Francis, Chair of Healthwatch England. He asked us to prioritise our work of providing good quality information and advice, and of asking people for their views on their needs and experiences in relation to the coronavirus outbreak. We responded by working closely with local partners to ensure good information and advice was produced and shared and working with other community organisations to ensure consistent and accurate information.
- 4.4. Bearing in mind the limitations, we proposed to begin a COVID lockdown survey. This aimed to get early insight of people's experience of lockdown so that stakeholders could be informed of how people were affected in a way that those who were delivering services could respond. This was an online survey, promoted through wide channels and was live by 3 April 2020 just a few days after full lockdown. The strict limitations on safety meant we could only work effectively online. We worked with our network of stakeholders to ensure our survey got promoted well including Croydon Voluntary Actions, BME Forum and Asian Resource Centre as well as our NHS and social care partners within Croydon Council to promote this to all areas of the community. We shared COVID lockdown reports with key stakeholders while the survey was still running on 30 April and 22 May, which timed well for Croydon Health and Social Care Scrutiny Committee (26 May) and NHS Health Board (27 May) meetings in public. We raised the profile of the mental health impact of lockdown to services, due to the effects of living in one place, but also loss of jobs, income and other situations that could negatively affect mental health. See pages 25-26.
- 4.5. This work in many ways set the agenda for the work we undertook later in the year. As a response to swift reporting of issues. We were invited to work on two projects of significance to NHS and social care services - Shielding and Care Homes.
- 4.6. The shielding survey was to gain retrospective response to how Croydon Council and the NHS had supported shielders, to inform development of service, if there was a second shielding period. We worked directly with Croydon Council, who sent a link to survey through their email contacts, and we collected the responses. We were able to share initial data within weeks of closing the survey in early October in time for the announcement of the

second period of shielding at the end of October 2020. We raised the need for better communication of support services including mental health to people shielding. This was reflected in the planning of provision of services when shielding was relaunched, which is detailed in the report. See pages 11-12.

- 4.7. The Care Home surveys were aimed to gather experience of care home residents, staff and friends and family to provide insight for further support by commissioners and ensure an improved service. We worked with the Care Homes Strategy and Information Groups and directly with Care Homes to promote this work. We shared our data on improvements that could be made for residents, friends, and family and most significantly staff, which is detailed in the report. We have continued to contribute to these discussions as this moved forward. See page 13-14.
- 4.8. Despite the limitations, we kept our commitment to take on 3 T-level (technical-level) students from Croydon College, not anticipating when we agreed earlier in the year that we would need to close the office. The students chose a subject, devised the methodology, piloted, and ran the survey, collected the results, and prepared an analysis of their findings before completing their time with us in August 2020. The Healthwatch Croydon team led by the Volunteer Lead supported them in their work. We continued to work with them virtually over the course of the next four months, via regular meetings on Zoom, telephone calls and emails. The result was a project on a theme they chose, looking at the mental health impact of COVID-19 which is detailed in the report. See page 27-28.
- 4.9. Sometimes we must wait a while to see the impact of our reports. In 2019, we undertook three pieces of insight work relating to Croydon University Hospital. Our work looked at patient experience of the A&E pathway while they were waiting to be seen (335 patients). We also received surveys from 79 patients just after they had left A&E to find out their experience of being there. In response to questions raised at the Trust Board meeting over signage, we ran a mystery shopping exercise using examples of real letters sent to patients to see how easy it was to navigate the hospital using the information within it. In this report you can see on page 16 how we have influenced change.
- 4.10. Likewise, we back in 2019, we published a report based on a mystery shopper calling every one of the then 58 GP practices, three times over a three-week period and measured their helpfulness, friendliness, and most importantly accuracy. Details of our findings and what has changed as a result are presented on page 18.
- 4.11. We have also been actively working with the One Croydon Alliance providing insight on two key areas: 2019 Health and Care Plan feedback, and the

development of the new Integrated Care Networks (ICN) covering six areas also known as localities. On page 20 you can see the detail of the work we have done particularly with seldom heard and hard to reach people in this area and have made suggestions how this can be better communicated. We continue to have discussions on the development of services in this area and more recently the refresh of the Croydon Health and Care Plan. More details are presented on page 20.

- 4.12. We also focused on seeing the impact on seldom heard groups following up on previous reports on dementia care support and homeless support. This enabled to see the impact of the recommendations we made being turned in to practical actions. You can see more detail on pages 23-24.
- 4.13. In addition to meeting regularly with Croydon Council colleagues and attending the Health and Wellbeing Board, we have attended a wide range of strategic meetings. These include the NHS Health Board (where we sit as an official observer) and the Croydon Health and Social Care Scrutiny Committee as a co-opted non-voting member. We also attend a range of other meetings including the Shadow Health and Care Board, Senior Executive Board, Proactive and Preventative Health Board, the ICN+ Project Development Group, Croydon Health and Social Care Communications Meeting, Care Homes Strategy Group and two Mental Health Programme Boards and Safeguarding Adult Board. We also attend South London and Maudsley Local Healthwatch Meetings and other network meetings to ensure good relationships are built and maintained.
- 4.14. Our information, advice and signposting helpline is taking increasing numbers of calls as more people are becoming aware of what we can offer. The calls we receive are often complex with average call times in Croydon for the past quarter of 31 minutes including research time.

5. LOCAL LEADERSHIP

- 5.1 Our Croydon Local Leadership Board has been working since April 2019. Board members are all closely connected to Croydon and provide strategic direction to the delivery of our services. All board members take an active role and many also represent Healthwatch Croydon on several boards and meetings.

6. WHAT WE ARE WORKING ON 2021-22

- 6.1 We are working on projects concerning access to dentistry, peoples' experiences of using the Urgent and Emergency Care pathway to Croydon University Hospital, and those who used the Personal Independence Coordinators. We also currently running surveys on the impact of Long Covid.

7. SERVICE INTEGRATION

7.1 Healthwatch Croydon works across the health and social care system.

8. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

8.1 This report does not have any financial implications. It is a report of a service delivered and does not contain direct proposals.

8.2 Approved by: Mirella Peters, Head of Finance (Health, Wellbeing & Adults).

9. LEGAL CONSIDERATIONS

9.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that the Health and Wellbeing Board are being requested to note the contents of this report. The Council has a statutory responsibility to commission an independent Healthwatch service for the Borough. All statutory partners who sit on the Health and Wellbeing Board have legal duties to engage and consult on their services.

9.2 Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance and Deputy Monitoring Officer.

10. EQUALITIES IMPACT

10.1 Healthwatch Croydon has regard to health inequalities throughout its work and will continue to seek out and amplify the voices of people who experience the greatest health inequalities including people with protected characteristics. This is reflected in our prioritisation tool and emerging governance documents attached to this paper.

10.2 Healthwatch Croydon should be encouraged to sign any forthcoming Race/Equality Pledges and standards

10.3 Approved by: Denise.McCausland, Equality Programme Manager.

6. DATA PROTECTION IMPLICATIONS

6.1. **WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?**

NO

6.2. **HAS A DATA PROTECTION IMPACT ASSESSMENT (DPIA) BEEN COMPLETED?**

NO

6.3 Approved by: Rachel Flowers on behalf of the Director of Public Health

CONTACT OFFICER:

Gordon Kay, Healthwatch Croydon Manager, gordon.Kay@healthwatchcroydon.co.uk

APPENDICES TO THIS REPORT:

Appendix 1 - On Equal Terms: Healthwatch Croydon Annual Report 2020-21

BACKGROUND DOCUMENTS:

None.

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On equal terms

Then and now

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Croydon. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We also help people find the information they need about services. This has been vital during the pandemic with the ever-changing environment and restrictions limiting residents' access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

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“I've gained quite a lot of skills doing this because we have worked on quite a few different platforms.”

See page 28

“I would like to pass on my thanks for the significant contribution Healthwatch Croydon have made to shaping the borough's pandemic response.”

See page 8

“We look forward to working closely with Healthwatch to make sure our patient voices continue to be heard.”

See page 16

“The contribution of the team at Healthwatch Croydon and the wonderful patients you recruited for our focus group has been invaluable.”

See page 8

“It has been vitally important for the council in developing an action plan with Healthwatch and partners that we can now take forward in response to the pandemic.”

See page 14

Meet our staff and board

Healthwatch Croydon has been delivered by four members of staff and supported by a local leadership board comprised of Croydon residents and others with a commitment to the borough.

Our team

(Left to right in photograph)

Jeet Sandhu, Communications Lead
Gordon Kay, Healthwatch Croydon Manager
Robyn Bone, Volunteer and Partnerships Lead
Yinka Faponlle, Engagement Lead



Our local leadership board

Edwina Morris (Chair)
Martin Faiers (Deputy Chair)
Olusina Adeniyi (since October 2020)
Pat Knight
Michael Lawal (since October 2020)
Anantha Ramaswamy

Emma Leatherbarrow
Gordon Kay

Thank you to:

Brian Matthews (stood down in July 2020)
Tariq Salim (stood down in August 2020)



Healthwatch Croydon and Help & Care

Help & Care hold the contract for Healthwatch service for Croydon, which is commissioned by Croydon Council. Local leadership board members have been selected through an open recruitment process and are Croydon residents or those with a commitment to the borough. They bring a wide experience and knowledge of health and care services.

Emma Leatherbarrow as Director of Partnerships at Help & Care is a member of the board. Gordon Kay is the operational manager and also attends the board.



Message from our Chair

Welcome to our annual report which will give you some insights into what Healthwatch Croydon focused on during the year April 2020 to March 2021, what impact we had and what we are planning for the current year.

As the year started, the first national COVID lockdown had just begun. Our work during the year became shaped by the pandemic. In March 2020, along with all other Healthwatch organisations, we received a letter from Sir Robert Francis, Chair of Healthwatch England. He asked us to prioritise our work of providing good quality information and advice, and of asking people for their views on their needs and experiences in relation to the coronavirus outbreak.

By April 2020 our office had closed, our team of four were working from home, we were adapting to communication via social media and we had already launched our first online COVID-19 survey. During April we provided feedback to local health and care services on the views of the first 63 people to respond to our survey, and in May we produced our second report.



E. Morris

Edwina Morris
Healthwatch
Croydon Chair

These were widely circulated amongst health and council leaders, with our findings and recommendations helping to improve the responsiveness of local services during the pandemic.

These surveys also highlighted an increase in mental health needs and social isolation issues amongst local people, which was further explored by a group of Croydon College T-level students who co-produced a project on people’s mental health needs due to the pandemic. The findings were shared with mental health commissioners and contributed to increased investment in local mental health services and greater engagement by Healthwatch Croydon with mental health commissioners and others in service development. This partnership working is continuing this year.

We also worked with health and council communications staff helping to disseminate key messages about COVID-19 and the vaccination programme and increased the frequency of our newsletter.

In summer 2020, as a result of our discussions about our COVID-19 reports, we worked with Croydon Council to find out the views of people who were shielding, and of residents, friends, relatives and staff in Croydon care homes. Our findings and recommendations were presented to council staff before the second lockdown, helping them to improve support for shielded people and care home residents’ and staff experience.

(continues over to page 6).

Message from our Chair

In October, during our annual meeting, problems accessing dentistry services was voted by many people as an important issue. We learnt about the complexities of commissioning NHS dental services before launching an online survey and an assessment of dentist websites, the results of which are being analysed.

We also undertook some shorter pieces of work involving online focus groups of local people, including representatives from groups whose views are seldom heard by system leaders. One example involved assessing a GP Access Guide for NHS England and Improvement Healthy London Partnership in January which will be published when the Guide is officially launched later this summer.

Despite the pandemic restrictions we have been able to gather the views of local residents about a wide range of health and care issues via online or paper surveys, focus groups and text messages. The Healthwatch Croydon board and staff members also participate in multi-agency working through attendance at a variety of boards and groups and are able to promote the views of local residents in these forums and strategic and decision-making boards.

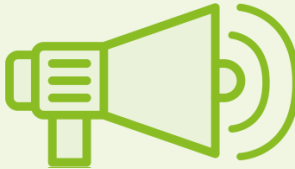
I would like to conclude by thanking our staff, volunteers, board members, Croydon residents and our partner organisations for all their help and support during the past year and as we look forward to another busy and productive year.



Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

1,588 people

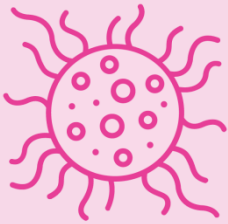
this year about their experiences of health and social care.

We provided advice and information with

12,840 website hits, 470 tweets and

309,605 social media impressions this year.

Responding to the pandemic



We provided **2 early response reports** in April and May that influenced the response to services.

1,000 residents regularly received our COVID-19 information guides. We also supported other key information networks of the Croydon Health and Social Care Communications and Engagement Group of providers and voluntary services.

Making a difference to care



We published

8 reports

about the improvements people would like to see to health and social care services.

From this, we made **44 recommendations**.

Most have been acted upon either by the point where we reviewed progress or are identified as actions included in plans.

Health and care that works for you



22 volunteers helped us to carry out our work. In total, they **contributed 813 hours** equalling nearly **116 days** all without meeting face-to-face due to restrictions.

We employ 4 staff 3.6 full time equivalent, which is the same as the previous year.

We received £173,093 in funding from our local authority in 2020-21, which is 7% less than the £185,223 in 2019-20.

What our stakeholders say

“The past year has been a challenging year for everyone and Healthwatch have played their role in supporting our community throughout the pandemic. Despite reduced opportunities to engage, they have continued to provide essential information to local people and make the voice of local people heard. This year’s report on the impact of the pandemic on local people’s mental health or the ongoing engagement Healthwatch has done to help residents understand and engage with COVID-19 prevention and control has been vital in helping adapt and evolve local services in ever changing circumstances. I would like to pass on my thanks for the significant contribution Healthwatch Croydon have made to shaping the borough’s pandemic response.”

Dr Agnelo Fernandes, GP Borough Lead for Croydon, NHS South West London Clinical Commissioning Group

“It has been a year like no other, but it has helped having Healthwatch Croydon with us to see first-hand how hard our teams have been working to keep our community safe and well during the COVID-19 pandemic. Healthwatch is now an active part of our public meetings, helping us to stay focused on what our patients say and feel about their care to keep improving our services. Working together, we have been able to test our plans, strengthening our ambitions to break down barriers to reduce health inequalities in our borough and give people more joined-up care and support. We have also been able to deliver tangible improvements, with more proactive care for long-term conditions, greater support for new mothers to look after their health and wellbeing and big changes to our signage in hospital to help patients and visitors find their way to our care.”

Matthew Kershaw, Chief Executive Officer, Croydon Health Services NHS Trust and Place-based Health Leader for Croydon

“The contribution of the team at HW Croydon and the wonderful patients you recruited for our focus group has been invaluable. The patients were well briefed and gave well informed, thoughtful and constructive feedback on the work we are doing. We made lots of changes to the London General Practice Access Guide and Manual because of the Healthwatch Croydon patient focus group. This included strengthening the role of carers, the importance of working closely with your community, the clear requirements of practices to provide translating services and why we should all offer prompt care for patients who may only be registered with GPs for a short period. We look forward to continue working with HW Croydon as we launch and share the guide across London, to ensure the patient voice is at the heart of general practice access improvements across London.”

Sian Howell, Healthy London Partnership Transforming Primary Care Team, NHS England and Improvement

“The Health & Social Care Sub-Committee at Croydon Council welcomes the contributions made this last year to the Sub-Committee by the Healthwatch Co-optee. Their work on behalf of patients helps to provide a valuable insight into residents experience of the local health and care services. We have developed a close working relationship with Healthwatch Croydon and look forward to continuing this in the forthcoming year, as services start to recover from the COVID-19 pandemic.”

Cllr Sean Fitzsimons, Croydon Health and Social Care Scrutiny Committee Chair

Looking ahead

This has been without doubt the most interesting year to be working for Healthwatch Croydon. Last year, I wrote this message in lockdown with the hope that restrictions would be lifted soon and we would return to some kind of reality.

Since then we have had two more lockdowns, further restrictions, the launch of the largest ever vaccination programme in UK history and massive changes in the way that services are being redesigned. This includes a hospital-within a hospital at Croydon University Hospital, increased digitisation of service, profound change at local, Croydon and South West London level and a need to respond to health inequalities that the COVID-19 experience has now exposed.

The impact for Healthwatch Croydon is that our remit and profile has significantly increased and we have actively been invited to a number of high-level committees and groups and share insight by which we can even better represent your views.

As ever, we are looking at ways we can contribute to improvements. A core service has been Urgent and Emergency Care, which based on our previous work (see Croydon University Hospital on page 15), we have built some reputation in providing insight for. This year we will undertake this again to directly feed into the transformation board that defines the plan to commission services.



Gordon Kay
Healthwatch
Croydon Manager

The development of nine GP Primary Care Networks and six Croydon-led Integrated Care Networks of health and social care services working in neighbourhood-sized areas are an opportunity to really engage with local communities. We have always championed involvement here close to where resident voices can be heard and are actively contributing to discussions to ensure patients and residents' voices are heard. Finally, when we can safely undertake face-to-face outreach again, we will be dedicating time in these neighbourhoods to enhance continuous and active engagement.

At the Croydon level, we are well represented on the key stakeholder board and group. We always look to provide insight or advice that can help local decision-makers, so their choices are informed by patient and resident insight. We have already undertaken work concerning dentistry in response to residents' comments working with the local dental committee. Mental health will also be a focus as this came out as a significant issue in every COVID-19 related report. We will support insight for the Health and Care Plan refresh.

We also are responding to the development of the South West London Integrated Care System due to be launched in April 2022. This body will have new delegated powers from NHS England to commission (buy) services. We will be working with our fellow Healthwatch colleagues in the five other South West London boroughs to ensure we have effective representation and participation and that the Croydon voice is effectively heard.

My thanks to all our stakeholders for their positive response to our findings and to our volunteers, board and staff for their dedication and commitment. But most importantly many thanks to you - the Croydon residents for your views - please keep responding and sharing your experiences.

Our plans for 2021-22

The Local Leadership Board's role is to look strategically at what Healthwatch Croydon should focus on and established a robust process for selecting themes and projects. The Chair and Manager have had a series of meetings with various stakeholders to establish further knowledge about their plans and consider opportunities for providing insight. The board also considered themes and ideas from their own involvement in Croydon communities.

It was agreed that all potential projects would need to be about local health or social care services and meet at least one of the five strategic themes before being considered via the prioritisation matrix:

- **Reducing health Inequalities.**
- **Recovering from the pandemic**
- **Patient / service user experience of services, especially in relation to those people who are seldom heard**
- **Health and social care service reconfiguration**
- **Organisational change such as One Croydon and the Integrated Care Networks and the wider South West London Integrated Care System.**

Our overall aim is to find out how local people access and experience the health and care services that they need. It was further agreed that when designing projects the following areas should be considered:

- **Ease of access - for all people**
- **Quality and seamlessness of treatment and care**
- **Experience of patients when needing or accessing health or care services**
- **Consider whether we need to explore these issues in hospital, general practice and/or the community.**

The project longlist was discussed and it was agreed that whilst we could not achieve all of these we would aim to have projects on themes such as mental health, equity of access, social care, One Croydon (people's experience of ICN+), long COVID services to help people recover, plus shorter projects.

This year we have started work on impact statements of previous recommendations and the response to these and will continue do this with all new projects. We have always had a commitment to equality and diversity and accessing seldom heard communities (see page 21) and will apply this to all new projects.



Shielding in Croydon



Then: A sudden response needed

As a result of the COVID-19 pandemic, Croydon Council were required to lead the delivery of shielding services for over 8,000 residents. Working with them, we ran a survey from August to October 2020 to understand the experience of this suddenly organised service and to help the delivery of this in future lockdowns.

Croydon Council wanted to find out the views of shielders including their experience of shielding, how effective the Council's actions had been in providing information about services, whether shielders needed extra services beyond those initially suggested. They also wanted to know their experience when shielding was paused between July and October 2020, including the use of telephone and video consultations.

Our findings: Most shielders are happy with the service they previously received. Some need support in accessing health services and those whose work was affected by having to shield also need support. Shielders did get the information they needed for food, shopping and medication, however not so much for befriending services. Friends and family met most of shielders' needs with over a quarter relying on neighbours. Also, neighbours helped counter loneliness along with access to the telephone and online services. After food shopping and pharmacy, the next priority service was mental health support, reflecting the impact of lockdown. A significant number of people were not aware of specific services but said they would have used them had they been told, showing a communications gap with 47% needing mental health support and 39% wanting befriending services, reflecting the impact of isolation and loneliness.



Now: Ensuring services met users' needs

Thanks to Croydon shielders sharing their views on services, we were able to **feedback insight** which helped Croydon Council improve the service when shielding began again at the end of October 2020.

Do not change the service, enhance, and focus it: Ensure it meets peoples' expectations and avoid shielders getting services they do not need or that do not work for them.

Improve communication with shielders: Better communication of befriending and other support services could help. For many, family and friends have been the key support network, so find ways to work in partnership with them to ensure all shielders' needs are met and this could be reflected in the communications.

Understand individual needs: This includes whether someone needs a food pack or ensuring gluten-free food is available. This would help perceptions and expectations of the service. Those who are unemployed or unable to work also need specialist support.

Enhance mental health support: This came up as a significant unmet need and reflects the impact of the first lockdown and the continued uncertainty around COVID-19. With the plan to train people in Mental Health First Aid, some additional focus on shielders would be welcome.

Focus on those living alone: There may be a need to prioritise the needs of those living alone and ensure they have a package of services not just for physical but also for mental health and to keep themselves occupied if lockdown returns again.



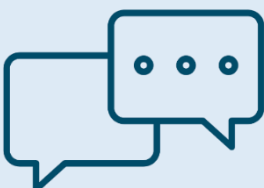
“I think Croydon Council did very well during the pandemic. Maintain the same level of support to the needy.”

“More info about income support and volunteer groups. And mental health support groups.”

Impact: We shared our insight with Croydon Council just before the national government announced the second shielding period. Our key points on mental health, loneliness and befriending as well as understanding each person's need was taken on board and information and support was improved when reconnecting with the shielders when the second period of shielding continued.

“As the pandemic continued we and our partners have improved our joint response, from offering a more tailored service to local people to improving access to information both on the council's website and for those not on the internet.”

Cllr Jane Avis, Croydon Council Cabinet Member for Homes and Gateway services.



Read the report: <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2020/12/The-experience-of-those-using-shielding-services-in-Croydon-due-to-COVID-19-December-2020-Healthwatch-Croydon.pdf>

Watch the video here: <https://youtu.be/ixgRTZYjdSY>



Croydon's Care Homes



Then: Meeting the COVID-19 challenge

As a result of COVID-19, care homes had to respond to protect their residents as well as informing family and friends and supporting staff. Croydon Council was asked by government to coordinate and support care homes. We asked residents, friends and family and staff their experience in Croydon's Care Homes during COVID-19. We agreed to undertake four surveys with 54 residents, 29 residents with learning disabilities, 94 friends and family and 179 staff of Croydon's care homes completing surveys.

Our findings: 85% of residents had a good experience and 82% managed to maintain good contact with their doctor and all could get access to medication. However, many needed to adjust to the restrictions. For residents with learning disabilities, there here was a lack of consistency between care

homes in social distancing with some residents seeming to have more freedom than others. There was a need to adapt to virtual appointments. Most staff (91%) said they were able to cope and knew where to get help. Most felt safe at work (87%) and supported by their employer (84%) and the same felt their concerns were addressed. However, only 73% felt current mental health and wellbeing services are supporting their needs - many wanted more help. While NHS staff are being thanked, and rewarded, care home staff felt they are not being recognised in the same way yet do as important a job. For friends and family 87% felt they could easily speak with a family member via telephone or video and 98% felt care homes kept them informed of their family. Most care homes published regular newsletters and some family received emails from the care homes with photos of their family members and friends.



Now: Service improvements and staff support

As a result of our report, Croydon Council has created an action plan in response to our recommendations.

Social contact: Croydon Council are supporting care homes to set up telephone and video chats between residents and volunteers (e.g., remote befriending) working with the local voluntary and community organisations and empowering people. Also, supporting staff to work with residents around feelings of loneliness and wider quality of life issues.

Consistency: Croydon Council will work with learning disabilities homes and seek out good practice to share with other homes such as safe social activities and reducing isolation during lockdowns or self-isolation.

Digital connections: Croydon Council will be providing ongoing support with the use of

telemedicine/telehealth and updated information from health professionals provided through newsletters and fortnightly webinars.

Mental health: Croydon Council are working with South London and Maudsley NHS Foundation Trust to create mental health and wellbeing offer for care home staff to include supervision tools, access to therapies and support, and awareness raising of resources.

Staff wages and recognition: Croydon Council will ensure all care home staff are paid full wages where they are required to isolate, and will be checking and engaging with homes who have allocated less funds for this. They will encourage care homes to become London Living Wage providers and a develop staff access to a national training programme for care workers.



“Yes, we had to stay in our room for a long time.
It was hard not seeing anyone only the staff.”

“All residents fine. No cases of COVID. Great staff.

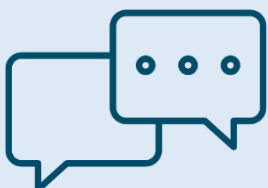
Manager closed home to visitors early. Video calls with relative arranged.”

“More mental and financial support should be given for workers during that time. Colleagues and myself felt not appreciated by the company for hard work during the time.”

Impact: The four separate reports culminated in an independent overall report that Croydon Council have used to develop their strategy and develop a strong and effective care home market. It has shown the successes and improvements needed as a result of this challenging period. Healthwatch Croydon are now fully part of strategic discussions going forward.

“It has been vitally important for the council in developing an action plan with Healthwatch and partners that we can now take forward in response to the pandemic.”

*Councillor Janet Campbell,
Cabinet Member for Families, Health
and Social Care, Croydon Council*



Read the *Experience of Croydon care home residents, staff and family and friends in Croydon's Care Homes during COVID-19* and supporting reports:

<https://www.healthwatchcroydon.co.uk/learn-more/our-reports>



Croydon University Hospital



Then: Challenges before COVID-19

In 2019, we undertook three pieces of insight work relating to Croydon University Hospital. Our work looked patient experience of the A&E pathway while they were waiting to be seen (335 patients). We received surveys from 79 patients just after they had left A&E to find out their experience of being there. In response to questions raised at the Trust Board meeting over signage, we ran a mystery shopping exercise using examples of real letters sent to patients to see how easy it was to navigate the hospital using the information within it.

Our findings: How did you get here?: Over 50% of people use A&E as a first choice, 40% contacted one other service, almost 70% were advised to attend A&E due to the severity of their condition, 60% contacted their GP first and 15% attended A&E as they were unable to obtain a GP appointment.

We found customer experience journeys were varied and individual and did not follow the expected pathway.

Experience survey: Overall high satisfaction for A&E, but issues concerning communication of waiting times, facilities, more consistent quality in staff and processes. Expectations of waiting time may vary with age.

Signage: A majority found the patient letters unclear and found internal hospital signage unclear or difficult to follow due to inconsistency and clarity of display. This affected the time it took to get to a location. There was little support if lost or confused. Lifts are available but there was confusion about public access. Better route planning is needed for those with mobility issues.



Now: Investment and improvements

Impact: As a result of our report, we made these recommendations to the hospital, and they made these changes

How did you get here?: We said realign the pathway to reflect real patient use as opposed to original defined clinical model. Put more focus on the role GPs can play in improving capacity so that people go to Accident and Emergency (A&E) who need to go there; ensure urgent care hubs deliver their commissioned service not just be there for the gap in GP services.

It has been recognised that patient insight on use and decision-making is key to ensuring people access the right service in the right place. We are working with Croydon's Urgent and Emergency Care Transformation Board to undertake new insight since COVID-19 to shape a new set of services between GPs, out-of-hours urgent care centres and A&E service.

Experience survey: We said that better communication of A&E waiting times was needed to manage patient expectations; improvements in physical facilities for those who are likely to be there a long time; ensure consistency in staff approach and processes; more work into understanding expectations of waiting times with reality to inform services.

It was confirmed that live waiting times are now presented at A&E through their Patienteer system. They have implemented a multi-skilled team who can provide efficient 'see and treat' services, so that patients can be triaged as quickly as possible. They have installed comfortable "care chair" seating for patients who require ongoing assessment. They have also employed additional support staff to ensure that all facilities are clean and tidy and that refreshments are available when required.

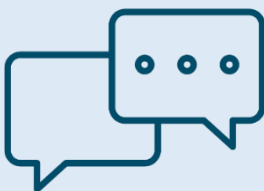
Signage: We said letters need review and testing; make signage easier to read applying wayfinding features; direct patients on the best entrance to use; ensure step-free access routes to all locations; ensure toilets are in good working order; support lost visitors with reception's telephone number.

The hospital confirmed that £180,000 has been spent to improve all of the hospital signage. They are also looking at new ways to help patients find their way around their services, including an interactive digital map. They have produced new materials to guide patients through the changes they have made to protect them from coronavirus (COVID-19). We have also been invited to recruit volunteers for a wayfinding task group.



"We are constantly listening and acting on the feedback from patients to improve their experience of our care, and we look forward to working closely with Healthwatch to make sure our patient voices continue to be heard."

Matthew Kershaw, Chief Executive Officer, Croydon Health Services NHS Trust and Place-based Health Leader for Croydon



Read the *Service user experiences of Croydon University Hospital Accident and Emergency Department; How did you get here? - Responses to those arriving at the Croydon University Hospital Accident; and Emergency Department Experience of using signage at Croydon University Hospital at*

<https://www.healthwatchcroydon.co.uk/learn-more/our-reports/>



GP services



Then: Access, quality and experience challenges

Sometimes, there is a need to take a longer view on impact especially on services that involve a number of providers. Back in 2019, we published a report based on a mystery shopper calling every one of the then 58 GP practices, three times over a three-week period and measured their helpfulness, friendliness, and most importantly accuracy.

Our findings:

Waiting times: The average waiting time for a call to be answered was 2 minutes and 34 seconds, with 36 (62%) surgeries below this time, and 21 (35%) above this time. However, there were two (3%) which had a hold time of 11 minutes.

Staff attitude and helpfulness: 68% of practices had a positive staff attitude and just 8% of practices were negative, and with helpfulness 70% of practices were seen as helpful and 9% of practices were unhelpful.

Accuracy: 77% of practices did not give the national standard information that patients could just fill in a form without any identification. Just eight practices (15%) did give the correct information on registration.

Websites: 58% of GP practices gave information by telephone that was consistent with information on their website, only 7% had placed accurate information on registration their websites. 18% did not have a website or any information about registration that could be accessed by the public.



Now: Improved access for unregistered

Impact: As a result of our report, we made these recommendations to Croydon Clinical Commissioning Group as they were then.

No ID needed: GPs should register people without ID or an address in line with Primary Care contract.

Use NHS standard information: GPs could use registration information from the NHS website.

Adopt the GMS1 form as standard: This ensures all relevant data is received from a patient at the start.

Offer practice address to register: GP practices should use their practice address for those with temporary or no fixed address.

Dedicated staff and telephone lines: This will improve patient experience and also support staff to do their best.

Focus on the 'service' aspect: GP practices could apply customer service training to improve patient experience.

This year we went back to the South West London Clinical Commissioning Group and they said the following:

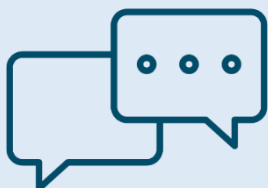
Around the time of this report being published it was received and reviewed in a number of Croydon forums, such as the Primary Care Working Group and GP Open meeting to raise awareness of the issues identified, and clear guidance was issued to the practices regarding the expected standards.

During the COVID-19 pandemic General Practices have been reminded regularly, via the national *GP Standard Operational Procedure under Coronavirus* as well as via local communications channels, to show how people can be supported to register including those with no fixed address including asylum seekers, refugees and people leaving custody.

Moving forward: We continue to analyse GP websites and insight on access and use of services through our virtual outreach project. Findings will be published in 2021 and will add more insight to help further develop services, particularly in response to the new localities way of working which works so closely with GPs.

Supporting improvements across London as well as Croydon

Healthwatch Croydon won funding from NHS England and Improvement Healthy London Partnership to provide patient insight into an access guide to be sent to 1,500 GP practices across the capital. Our focus group and report raised a range of issues about accessing GP services by seldom-heard groups including BME populations, younger people and refugees. This will be published in later in 2021 as will our own report.



Read the *How do I register? A mystery shop of Croydon GPs on registration* <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2019/04/How-do-I-register-March-2019-Healthwatch-Croydon.pdf>

Watch the videos of case studies at:

<https://youtu.be/gKvP5Dem6a0> and <https://youtu.be/Gs06PzSGSts>

Croydon Health and Care Plan

2019/20 – 2024/25



One Croydon Alliance



Then: Early days for service integration

The integration of health and social care services in the borough of Croydon is being led by the One Croydon alliance of Croydon Health Services NHS Trust, South West London Clinical Commissioning Group, Croydon GP Collaborative, Croydon Council, South London and Maudsley NHS Foundation Trust and Age UK Croydon. We have been working with One Croydon providing insight on two key areas: 2019 Health and Care Plan feedback, and the development of the new Integrated Care Networks (ICN) covering six areas also known as localities.

Health and care plan feedback: Residents wanted to see measures of what success was like, how there would be accountability. Different engagement approaches were needed for different groups. More detail was required on the proposals and how they fit in with current provision.

Carers' feedback: Issues were raised around support, such as in schools, and awareness of what is on offer including family resilience. Carers wanted to know how the plan would integrate with the Carers Strategy, how the mental health hubs would work, as well as ongoing mental health support, support for those who are in care homes, ensuring the relevance of social prescribing to the individual, reaching communities that were not seen and heard and the costs of delivering these services.

ICN+ feedback with seldom heard groups: Most like the idea that services will be based locally and see it as more convenient and community centred with local support and a focus on integrated care. More education is welcomed. Concern that current staffing and transition to new model may impact current services.



Now: Providing insight for the plan refresh

Health and care plan recommendations and impact: At the time, One Croydon had taken the issues raised on board and included changes in their revisions. This included a SWOT analysis of services; demonstrating clearly the case for change; how individual services will be affected; and when these changes will happen. Clearer explanations of the new initiatives, including what is underway and what has been proposed and how it works together. Residents felt that they needed distinct engagement and communications strategies, rather than the single strategy that was proposed.

ICN+ feedback with seldom heard groups: At the time, we said the following needed to be adopted: An information strategy where residents would receive accessible information about the range of services and how they will be delivered. An education strategy on how residents they can proactively improve and maintain their health. Underpinning this is a communications strategy focusing on those not engaged and explaining the impact of changes both positive and negative to manage expectations.

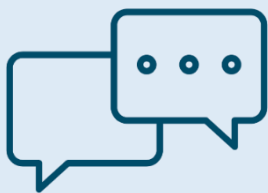
Carers' questions about ICN+: Croydon carers had a number of questions which have been shared with One Croydon and we will be encouraging them to answer these as part of the refresh.

The ICN+ project has also developed significantly from its initial beginnings in the first location of Thornton Heath. Now the other five areas of Croydon are being developed and we regularly contribute to discussions based on what we have heard so far and other insight, through our regular representation on the NHS Croydon Health Board, Shadow Health and Care Board, Senior Executive Group, ICN Programme Development Board, Croydon Health and Social Care Communications and Engagement Group and Proactive and Preventative Care Board.

Now, two years on, the plan is being refreshed in response to the changes and the challenges of COVID-19. We know that there is a growth in demand for mental health support (see page 26) added to a system response of increased digitisation in delivery of hospital and community services.

“It’s clear from the report and Healthwatch’s recommendations that we need to continue to engage local people to make sure both local people and our partners can participate as fully as possible and help shape the development of engagement for a new primary care system in Croydon. We look forward to developing a strong approach for outreach engagement in the near future and we will work closely with Healthwatch.”

Dr Agnelo Fernandes, Chair Croydon Borough South West London NHS



Read *Seldom heard residents’ feedback on the ICN+ model in Thornton Heath* <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2020/07/ICN-Seldom-Heard-Feedback-Thornton-Heath-June-2020-final-version.pdf>

Read *Let’s discuss the Health and Care Plan:* <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2020/01/Lets-discuss-the-Health-and-Care-Plan-Healthwatch-Croydon-October-2019.pdf>



Seldom heard issues



Dementia carers and homeless support

Since 2019, we have also focused on those who are seldom-heard or cannot easily access services and their experience of the pathway to access and use services. Both insight reports took place before COVID-19 which, since then, has had a significant impact for both groups with face-to-face services having to change and new demand for services.

Dementia carers: Dementia carers said GPs are crucial to the experience and GPs have a critical role in being a gateway service particularly in diagnosis and referral. There is confusion about pathways for support as well as gaining the right support at the right time with a third of those surveyed felt they did not get what they needed, when they needed it. The NHS service experience is mostly positive, but good practice needs to be shared. Social care advice and support seems to focus too much on finances first

before explaining care options which is the support carers and patients need.

Homeless support: Street homeless people found it easy to access services in Croydon such as hospital, dentists, pharmacies and the GP. This showed some degree of improvement from a previous Healthwatch Croydon project two years prior. Most found dedicated homeless services positively impacted their health and wellbeing. Around 22% respondents had one form of disability or health condition including psychological trauma, heart problems, depression, diabetes and mental health issues. Unemployment, health issues, relationship breakdown had led to many people becoming street homeless and some were homeless due to awaiting immigration status. Nearly one in three were homeless from two to five years.



Now: Commitment to improve support

Dementia carers: Ensure all GPs are fully compliant with national guidelines in diagnosis and response times for referrals. Ensure suitable and easy to access signposting for support is available from GP and community level. Present the appropriate pathways of support and information in a clear way which can be easily understood by the carer, perhaps as a leaflet and online material. Each NHS service should review their service delivery where patients with dementia are involved to ensure they meet patient and carer needs at each stage in the customer journey, with an emphasis on working together to deliver a seamless service between providers. Review social service information to focus on care options before finances.

Impact: Croydon Health Services NHS Trust have created new guides for dementia patients, relatives and their carers. The Croydon North East Integrated Care Network has multidisciplinary meetings with social care, community health services and voluntary sector working to coordinate patients care. Croydon Alzheimer's Society is a part of this to ensure that patients with dementia and their carers are able to access the correct support through a single referral from doctors (GPs) to ensure people are supported in a holistic way. Referral pathways have been simplified as a result. The SLAM Mental Health Dementia Strategy task and finish group, led by the Clinical Director, has met since February 2021 and will present revised strategy to Service User and Carers Group in July 2021 with further rollout to One Croydon Alliance and more detail in the Health and Care Plan refresh.

Homeless support: Encourage training and support street homeless people to gain employment. Further develop local support for those on income and housing benefit. While we realise this is a national policy, local support could be enhanced to ameliorate some of these challenges. Maintain permanent accommodation options for street homeless people to bring stability for rough sleepers and build their confidence. Provide support for those awaiting immigration status decisions as a number of homeless people included those without defined immigration status but seeking asylum. Provide dedicated therapies and rehabilitation as there is a need for medical attention for those street homeless people who have mental and physical health issues. Restoring them to health or normal life can assist them to have more confidence and assurance.

Impact: South West London CCG has fed into on-going service improvements particularly with GPs to support vulnerable communities. Croydon Council secured rough sleeping initiative grant funding, recruited a rough sleeping coordinator, and launched 23 new initiatives for those people rough sleeping including a clinical mental health outreach service, and direct access accommodation for rough sleepers. They welcome this insight that is evidence the health and social care needs of this group providing valuable insights for commissioners. South London and Maudsley NHS Trust continue to develop their services for adults in Croydon particularly via the START team who have a specific remit to support those street homeless people with underlying mental health conditions.

Read the *Dementia Carers Experience of Health Services in Croydon:*

<https://www.healthwatchcroydon.co.uk/wp-content/uploads/2019/03/Dementia-Carers-Experience-of-Health-Services-in-Croydon-February-2019.pdf>



Read The Journey of Street Homeless People using Croydon's Health

Services: <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2020/07/The-Journey-of-Street-Homeless-People-using-Croydon%E2%80%99s-Health-Services-July-2020-final.pdf>



Mental health



Perinatal, young people and BME wellbeing insight

Perinatal mental health (2019): Lack of signposting and information within the pathway. Not enough continuity of care - various services need to be more joined up. The right support at the right time. A shared appreciation of staff being under pressure, amongst service users. Stigma and embarrassment when talking about mental health challenges. Lack of consideration and/or genuine care of mental health within maternity services. More than 60% of service users are facing emotional and mental health challenges. A considerable variance in service received from healthcare providers.

BME Wellbeing (2019): One in four said they had nowhere to go, but when they did go GPs scored highly. Friends and family are very important and wider community groups can also have a role. Wellness is seen as a balance between mental and physical

health. People wanted to learn about wellness and the non-clinical informal setting is important providing it is discreet. Nearly 50% wanted training while 45% wanted a listening space. Trustworthy staff are key and over 75% welcomed the Whitgift location.

Young people's mental health (2020): Social media, self-image and relationships negatively affect young people's mental health. 19% of young people needed help but did not seek it. Of those who felt that they had needed help, 38% did not seek it. Females were more likely to need help than males. Increased awareness, professional support and better access to services is needed say young people. Close relationships were key to young people's mental health. More than half diagnosed found it unhelpful to have diagnosis due to stigma.



Now: Improved mental health plans and actions

Perinatal mental health: We suggested increased signposting and information on offer to potential new parents and increased continuity of care, more collaboration between the various services along the maternity pathway. Facilitate mental health education amongst the pathway for expectant parents. Scope out a new pathway for service users who identify themselves as having mental health challenges. Recruitment of staff into the borough, to ensure services are not overstretched. Find a solution to variance in service with additional training and benchmarking against exemplar services. Communicate effectively the mental health challenges that can be faced by new parents.

Impact: Croydon Health Services NHS Trust is to provide additional antenatal appointments, patient information and support and additional staff training. South London and Maudsley NHS Foundation Trust (SLaM) will be working with Croydon Health Services NHS Trust to learn from other boroughs to enhance the Croydon Children and Adolescent Mental Health Service redesign and will link in with perinatal services and parental mental health.

BME Wellbeing: It is a good idea to have a wellness space without need for a referral. Many of the suggestions align with the five principles of wellbeing - to connect, be active, take notice, keep learning, and give. Practical care and advice in the heart of communities are important but these need to be calm and discreet. Offer a palette of services to meet each person's needs from listening to training. Ensure the service is supported by trustworthy staff, well trained in mental health issues, but not medically trained.

The professionals need to be well-trained to support varying needs but in a more informal, less medical environment Whitgift may well be a good location, but it may be worth developing this service in other known community settings.

Impact: NHS Croydon has launched a long-term condition pro-active and preventative community outreach programme, as well as a Expert Patient Programme. SLaM is a national pilot site for the Patient and Carer Race Equality Framework implementation and in Croydon is working in partnership with the Croydon BME forum to gain insights from the BME community and support services that are non-clinical but supporting wellness and support for those with mental health need within communities. New wellbeing hubs, practitioner posts and working in partnership with community groups is part of the plan.

Young people's mental health: Utilise existing tools to help teenagers to help each other. A mixed provision is required: Face to face, online, drop-in and appointments. Easy to access signposting to reflect user experience. To overcome the stigma that is associated with diagnosis, more tailored support is needed. Stakeholders should work together to share best practice.

Impact: SLaM's offer for Croydon has been designed with voluntary sector specialists Off the Record and Croydon Drop In and also Croydon Council's Early Intervention services, including a new single point of access, so referrals can be sent to the most appropriate service and team directly. There are mental health support teams in schools as well as utilisation of digital technology and websites to support young people.

Read the reports <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2019/08/Healthwatch-Croydon-Perinatal-Mental-Health-Report.pdf> * <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2019/09/Insights-from-the-BME-community-about-wellness-and-services-to-support-this-1-1.pdf> * <https://www.healthwatchcroydon.co.uk/wp-content/uploads/2020/02/Young-peoples-experiences-of-mental-health-February-2020-final.pdf>



Responding to COVID-19

Insight and information

We have lived in unprecedented times, since March 2020, Healthwatch Croydon has played an important role in gaining insight about the impact of COVID-19 on Croydon residents, which led to a change in our work plan to cover Shielding (page 11) and Care Homes (page 13).

We also have a key role in helping people to get the information they need through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic. In Croydon we are lucky to have a strong information network between health

services, Croydon Council and Croydon Voluntary Action. We created a series of definitive information guides updated regularly as the first lockdown began based on the information we received from our strategic partners. We thank them for their help with this to ensure Croydon residents had sufficient information, while not duplicating responsibilities.

Over the page are the findings from our two surveys published early on in the pandemic at the end of April and May 2020 when the first lockdown was in place. We continued to support our health, social care and voluntary services in further opening ups and lockdowns to represent Croydon residents' views and experiences.



Reporting the impact of COVID-19 on Croydon

Mental health is the most significant concern:

The major contributing factors impacting mental health are being stuck at home and associated challenges, fear of contracting COVID-19 and the impact of this, and hearing about the deaths of those close to them. Social isolation is a key factor affecting physical and mental health. For others, financial issues are a main concern and causing much anxiety. It is affecting people's lives in Croydon and how they approach work, or lack of it, family life and overall mental health. Add to this the impact of death with the sudden loss of family and friends and not being able to grieve or support others in the usual way.

Accessing health and social care: Some residents were concerned about not getting the care they need. Appointments and procedures have been cancelled without any information of when they will begin again. Others are concerned about care homes and access to non-acute services such as antenatal and dentistry.

Information: We found that residents wanted some local information to support the national sources of information such as NHS and gov.uk to enhance information sharing and support.

Food supplies: We heard from residents about difficulties in getting food, not being able to get online delivery slots, or being able to go out and get food.

Social distancing and prevention: Croydon residents raised concerns that others have not been keeping to the rules and how they can protect themselves further.

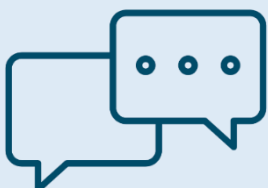
Recommendations:

Mental health planning: There is a major legacy of unmet psychological and emotional needs resulting from the pandemic which need to be identified, assessed and met going forward. Commissioning of primary and secondary care services, and the voluntary sector needs to meet the additional demand. People already known to mental health services and not currently receiving services also need to be contacted and supported.

Enhance mental health support: This came up as significant unmet need and reflects the impact of first lockdown and the continued uncertainty around COVID-19. With the plan to train people in Mental Health First Aid, some additional focus on shielders would be welcome.

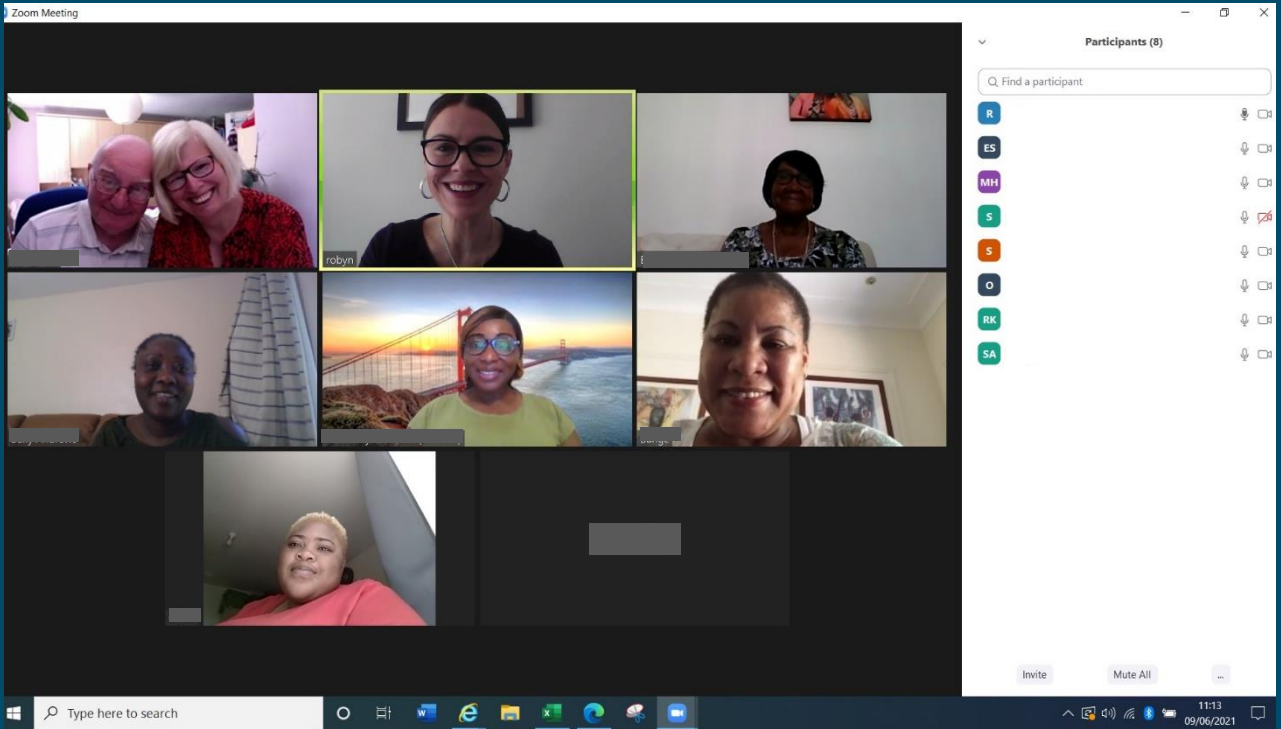
Focus on those living alone: There may be a need to prioritise the needs of those living alone and ensure they have a package of services not just physical but also for mental health and to keep themselves occupied if lockdown returns in some form again.

Proactive contact and information by NHS over service recovery: As NHS services resume it would be helpful for those with procedures or appointments cancelled or delayed to be contacted and be given information about how and when their treatment will be continued. Commissioners could also work with care home providers to find ways that they can enable effective contact between residents and those who are important to them outside the care setting.



Read the *How is COVID-19 affecting Croydon residents? Reports 1 (April 2020) and 2 (May 2020) and Impact of COVID-19 on the mental health of Croydon residents.*

<https://www.healthwatchcroydon.co.uk/learn-more/our-reports/>



Volunteers

Providing opportunities virtually

At Healthwatch Croydon we are supported by 18 volunteers to help us find out what people think is working, and what improvements people would like to make to services.

This year our volunteers:

- Helped people have their say from home, carrying out surveys over the telephone and online.
- Reviewed information on local services' websites.
- Analysed data to help the team compile reports.
- Helped keep people connected and avoiding isolation.

T-level project: In February 2020, we made the commitment to take on 3 T-level (technical-level) students from Croydon College, not anticipating that we would need to close the office. We continued to work with them virtually over the course of the next four months, via regular meetings on Zoom, telephone calls and emails. The result was a project on a theme they chose, looking at the mental health impact of COVID-19 which you can see via the link on the COVID-19 response page 26.

The students chose a subject, devised the methodology, piloted, and ran the survey, collected the results, and prepared an analysis of their findings before completing their time with us in August 2020. The Healthwatch Croydon team led by the Volunteer Lead supported them in their work. We thank them for their commitment



Miriam - T-Level student volunteer

“I’ve gained quite a lot of skills doing this because we have worked on quite a few different platforms. I started to learn how to use Smartsurvey which I’ve never done before so that was quite interesting. We also did a lot of things with analysis of people’s responses of questions. It was interesting looking into how many different people were affected also how to sort of look at things of such an unbiased approach and being able to sort of empathize with people.”



Carole - volunteer for seven years

“The COVID-19 Pandemic came along and I have had to adapt to online working, I have been reviewing GP surgeries and Dentists on Zoom. I have now started coding data and also contributing to analysis moving with the times. I do miss face to face interviewing as nothing beats when you are in person and you can see their body language and to see how they are reacting to the problems they might have. This pandemic has had a big impact on Healthwatch Croydon, and the residents in the community.”



Sally - Public Health student

“Volunteering for Healthwatch has given me a rewarding insight into different aspects of Public Health and Social Care that I would have never associated with Public Health if I not volunteered with them. It has increased my knowledge of communication, professional interaction and values, teamwork and how decision making in Health and Social Care can be influenced by peoples’ opinion. Support from my mentor has motivated and inspired me and given me the relevant experience I need to help me find a career in Public Health and Social Care.”



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch Croydon



www.healthwatchcroydon.co.uk

0300 012 0235

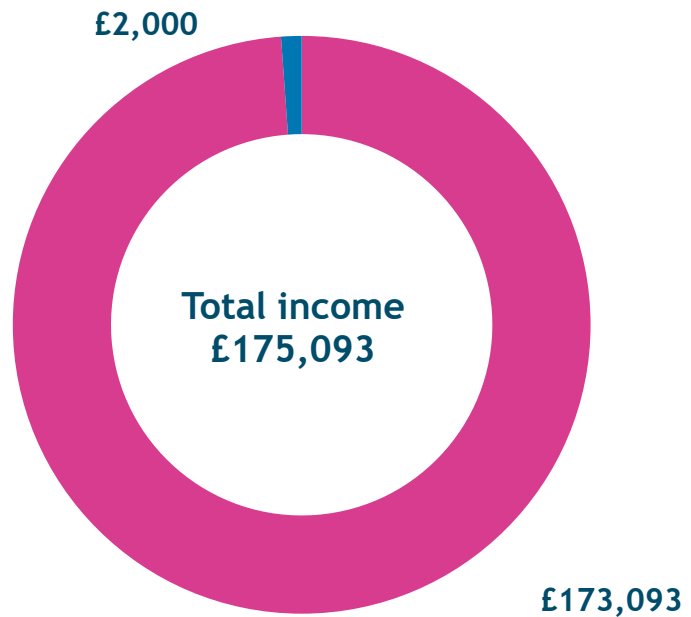
info@healthwatchcroydon.co.uk

Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

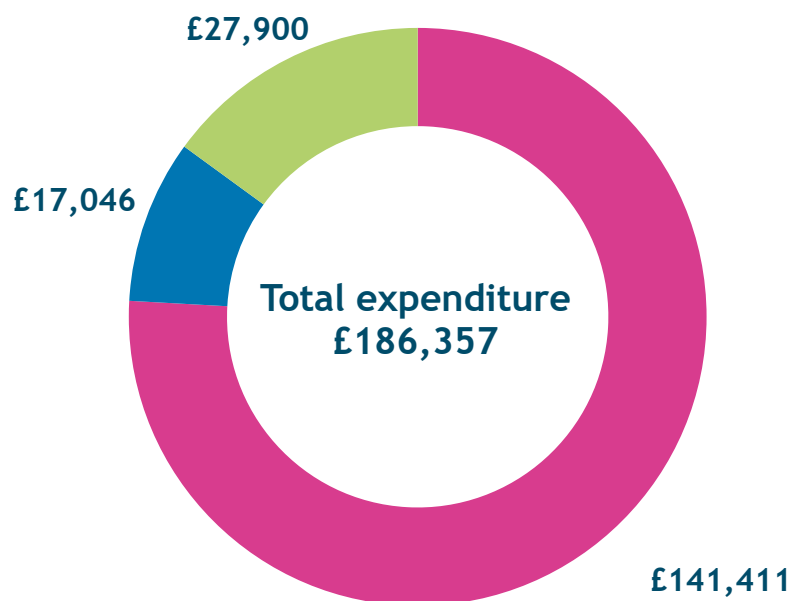
Income

- Funding received from local authority
- Additional funding



Expenditure

- Staff costs
- Operational costs
- Support and administration





Statutory statements

About us

Healthwatch Croydon, 24 George Street, Croydon CR0 1PB

Contract holder as of 31 March 2021: Help and Care, A49, Aerodrome Studios, Airfield Way, Christchurch, Dorset, BH23 3TS

Healthwatch Croydon is commissioned by Croydon Council.

Healthwatch Croydon uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of six members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities, together with Help and Care's Director of Partnerships. They met 12 times in the reporting period. Our board made decisions on matters such as agreeing this year's work plan and individual project approval using our prioritisation matrix. We ensure wider public involvement in deciding our work priorities via the feedback we hear from enquiries and online outreach, signposting and surveys. We also run webinars and have had an online Annual Meeting, where people could share their views on what we should be exploring.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by telephone, by email, provided a webform on our website, provided a feedback centre/rate and review system, attended virtual meetings of community groups and forums, provided our own virtual activities and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, by inviting a diverse number of Croydon focus group to feedback on a GP Access for an NHS handbook being distributed across London (see page 18),

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We publish it on www.healthwatchcroydon.co.uk

2020-21 priorities

Project / activity area	Changes made to services
COVID reports 1 and 2 (see page 26) - online survey Experience of COVID on mental health - online survey	Commitment by CCG to provide more information on mental health, isolation and loneliness as well as anxiety caused by financial or domestic issues.
Understand experience of shielding (see page 11) - online via Croydon Council email	More information on mental health support and other information was made just in time for the return of shielding in October 2020.
Resident, staff and friends and family experience of care homes (see page 13) - four surveys online and print-freepost	Action plan agreed based on all recommendations - sharing of good practice across homes for residents and friends and family; mental health and assurance of financial support if taken ill due to COVID.

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Croydon is represented on the London Borough of Croydon Health and Wellbeing Board by Edwina Morris, Chair. During 2020/21 our representative has effectively carried out this role by representing views of Croydon residents, contributing to discussions on agenda items and give an independent view, based on what we hear, to support decision-making. While we make a point of not having a vote on any other board we attend, we are obliged to vote on decisions, with the other members are aware of our remit and independence.

Healthwatch Croydon

24 George Street

Croydon

CR0 1PB*

www.healthwatchcroydon.co.uk

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 @HealthwatchCRO

 HealthwatchCRO



*Please note our office is closed until further notice due to COVID-19. You can still call and email us. When the office reopens, we will update via our website, newsletter and social media.

RREPORT TO:	Health and Wellbeing Board 20 October 2021
SUBJECT:	Annual Report of the Health and Wellbeing Board 2020/2021
BOARD SPONSOR:	Councillor Janet Campbell Cabinet Member for Families, Health and Social Care
PUBLIC/EXEMPT:	Public

SUMMARY OF REPORT:

This report summarises the work undertaken by Croydon Health and Wellbeing Board from June 2020 to June 2021.

BOARD PRIORITY/POLICY CONTEXT:

Health and Wellbeing Board is required to report to Full Council annually on the work undertaken throughout the preceding civic year. In addition, the Health and Wellbeing Strategy is part of the Council's policy framework, the approval of which, full Council has reserved to itself

Health and Wellbeing is relevant to all of the Council's corporate priorities but the key priorities that the work of the Board aligns to are:

- People live long, healthy, happy and independent lives

Our children and young people thrive and reach their full potential.

FINANCIAL IMPACT:

There is no financial impact of this report.

1. RECOMMENDATIONS:

This report recommends that the Health and Wellbeing Board:

1.1 Report to Full Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report.

1.2 Note the contents of the Annual report in the Appendices Report.

2. BACKGROUND

- 2.1 In accordance with Part 4A of the Council's Constitution, Council can receive Annual Reports from Committees, including Overview and Scrutiny. The Health and Wellbeing Board are a non-executive Committee of the Council. The Constitution also prescribes how these Annual Reports are treated by Council.
- 2.2 The report included as an appendix to this cover report summarises the work undertaken by Croydon Health and Wellbeing Board from June 2020 to June 2021. The Board had to postpone the March 2021 Health and Wellbeing Board due to the measures taken in response to COVID-19.

3 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 3.1 There is no direct financial impact relating to this paper. We expect to work within existing resources, seeking improvements through more efficient and effective partnership working.
- 3.2 Approved by: Richard Ennis, Corporate Director of Resources

4 LEGAL CONSIDERATIONS

- 4.1 The Head of Litigation and Corporate Law comments on behalf of the Director of Law and Governance that the Health and Wellbeing Board are required to report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report. (Terms of Reference paragraph 1.8).
- 4.2 Approved by: Sandra Herbert, Head of Litigation and Corporate Law on behalf of the Director of Law and Governance and Deputy Monitoring Officer.

5 HUMAN RESOURCES IMPACT

- 5.1 There are no human resources impacts from this report
- 5.2 Approved by: Debbie Calliste, Head of HR for Health, Wellbeing and Adults.

6 EQUALITIES IMPACT

- 6.1 The report provides a summary of the work of the Health & Wellbeing Board over the past year. It has been a significantly challenging year due to the Covid pandemic and there is clear evidence that the impact of Covid has exacerbated existing health and social inequalities. There is an overriding principle within the Croydon Health and Wellbeing Strategy to reduce health inequalities. As

set out in the report, this will continue to be a key focus for the Health & Wellbeing Board going forward.

6.2 Approved by: Gavin Handford, Director of Policy & Partnership

7 DATA PROTECTION IMPLICATIONS

WILL THE SUBJECT OF THE REPORT INVOLVE THE PROCESSING OF 'PERSONAL DATA'?

NO

CONTACT OFFICER:

Rachel Flowers, Director of Public Health, Croydon Council
Rachel.flowers@croydon.gov.uk

APPENDICES TO THIS REPORT:

Appendix 1 – Health and Wellbeing Annual Report 2020-2021

BACKGROUND DOCUMENTS:

None.

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1. Health and Wellbeing Board Annual Report 2020/21

This report summarises the work undertaken by Croydon Health and Wellbeing Board from June 2020 to June 2021. The Board was established on 1 April 2013 as a committee of Croydon Council.

The Board had to postpone the March 2021 Health and Wellbeing Board due to the measures taken in response to COVID-19.

The report sets out the functions of the Board and gives examples of how the Board has discharged those functions. This Annual Report contains the outcomes of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy available [here](#).

Examples of key achievements of the Board are described, including the encouragement of greater integration and partnership working, tackling health inequalities, and increasing focus on prevention of ill health.

2. Functions of the Health and Wellbeing Board

The Health and Social Care Act 2012 created statutory health and wellbeing boards as committees of the local authority. Their purpose, as set out in the Act, is 'to secure better health and wellbeing outcomes for the whole population, better quality of care for all patients and care users, and better value for the taxpayer'. Part 4L of the Council's Constitution provides that, the functions of the Board are:

1. To encourage, for the purpose of advancing the health and wellbeing of people in Croydon, persons who arrange for the provision of any health or social care services in Croydon to work in an integrated manner.
2. To provide such advice, assistance or other support as appropriate for the purpose of encouraging partnership arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in connection with the provision of health and social care services.
3. To encourage persons who arrange for the provision of health-related services (i.e. services which are not health or social care services but which may have an effect on the health of individuals) to work closely with the Board and with persons providing health and social care services.
4. To exercise the functions of the Council and its partner Clinical Commissioning Groups in preparing a joint strategic needs assessment under section 116 of the Local Government and Public Involvement in Health Act 2007 and a joint health and wellbeing strategy under section 116A of that Act.

5. To give the Council the opinion of the Board on whether the Council is discharging its duty to have regard to the joint strategic needs assessment and joint health and wellbeing strategy in discharging the Council's functions.
6. To agree the delivery plans of the Health and Wellbeing Strategy.
7. To monitor the delivery plans in fulfilment of the Health and Wellbeing Strategy.
8. To report to Council the outcome of the Board's monitoring of the delivery plans in fulfilment of the Health and Wellbeing Strategy as part of its annual report.
9. To exercise such other Council functions which are delegated to the Board under the Constitution.

Councillor Janet Campbell took over the Chair following the Annual Council meeting on 4 May 2021.

3. Croydon Health and Wellbeing Strategy

The current Health and Wellbeing Strategy is structured around the following 8 Priorities:

- Priority 1 - A better start in life
- Priority 2 - Strong, engaged, inclusive and well connected communities
- Priority 3 - Housing and the environment enable all people of Croydon to be healthy
- Priority 4 – Mental wellbeing and good mental health are seen as a driver of health
- Priority 5 – A strong local economy with quality, local jobs
- Priority 6 – Get more people more active, more often
- Priority 7 – A stronger focus on prevention
- Priority 8 – The right people, in the right place, at the right time

4. The following report (paragraphs 5-11) covers the work of Croydon Health and Wellbeing Board from June 2020 to June 2021 and links this to the Priority in the Health and Wellbeing Strategy.

5. Integrated Care System update – All priorities

The Board received an update on the work being undertaken to deliver the reforms set out in the [white paper](#) published by the government 11 February 2021. The white paper sets out that all NHS and Local Authorities will have a duty to collaborate across the healthcare, public health and social care system. The Integrated Care System (ICS) will work closely with local Health and Wellbeing Boards – as 'place-based' planners - , the ICS NHS Body will be

required to have regard to the Joint Strategic Needs Assessment (JSNAs) / Joint Health and Wellbeing Strategies.

Each of SWL's six boroughs have been asked to identify a 'Transition Team'. In Croydon, the new Senior Executive Group (reporting to the Shadow Health and Care Board) have carried out this function alongside its other duties.

In Croydon Place-based working is already well-advanced through the One Croydon Alliance.

Place	NHS Primary Care Lead	NHS Acute Care Lead	NHS Community Lead	Local Authority Lead	NHS Mental Health Lead	NHS Transition Place based lead
Croydon	Agnelo Fernandez/ Bill Jasper	Mathew Kershaw	Mathew Kershaw	Annette McPartland	James Lowell (Chief Operating Officer, SLAM)	Mathew Kershaw

The Board heard that Croydon Place-based working will be continuing to deliver:

- Transformation of health and care on the ground
- Refreshing/clarifying the outcomes we want to achieve, as these will form the basis of our contract with the ICS in the future.

Croydon Transition Team have been asked to focus on the following key development areas:

1. Begin work across each local placed based partnership to **identify and develop a 6, 12-and 18-month programme** to deliver place requirements outlined in the White paper.
2. Reviewing and developing **revised Local Health and Care Plans** built on locally identified priorities and linked to expected national planning guidance.
3. Set **clear expected outcomes** for place priorities and actions so that their impact may be tracked.
4. Engaging in the **Strengthening Communities Programme Group** to think through in more detail the approach to place-based development, share learning and support the system wide development of place-based arrangements.

6. Health and Care Plan Refresh update – all priorities

The Board received a progress update on the Health and Care Plan, delivery plan of the Health and Wellbeing Strategy, expected to be refreshed by 1st October 2021. The update in particular is responding to the impacts of Covid-19

on increasing inequalities in the community and increased pressures on the health and care system.

7. One Croydon – Integrated Community Networks update – priority 2,7,8

The Board received a progress update on the Integrated Community Networks Plus (ICN+). The model of care has gone live in the early adopter site of Croydon North East (Thornton Heath) and a process is in place to rollout the programme in the other 5 networks.

8. Autism strategy update and discussion – priority 2,4

The Board received a report for discussion from the Council Autism Champion, Cllr Jerry Fitzpatrick, and the council Autism Inclusion Lead who lead a discussion in relation to autism, the Croydon autism strategy and how we can improve the experience of autistic residents in Croydon. In particular the work highlighted the need for improved data collection to understand the needs and experience of our autistic residents.

9. Mental Health First Aid – priority 4,7,2

The Board discussed the mental health first aid training being undertaken in the borough and the development of the Croydon Mental Health First Aid Network. The training program is both training individuals as mental health first aiders and as mental health first aid instructors, developing a long term capability in the community to provide ongoing support and understanding of mental health issues.

10. Health Inequalities – All priorities

Reducing Health inequalities is one of the overriding principles of the Croydon Health and Wellbeing Strategy. The Board discussed the increased opportunity to tackle structural causes of health inequalities across all partner organisations. The board also discussed and agreed to support the development of the Croydon prevention framework and population health management work streams at Croydon level and within South West London to focus further on reducing inequalities.

11. Croydon Mental Health Transformation update – priority 4

The Board received a progress update on Croydon Mental Health Transformation. The strategic aim for 2019/20 – 2020/21 was to meet the ambitions set-out in the 5yr Forward View (FYFW). Due to COVID-19 there was a delayed in the start of this Phase 1. A key delivery is the establishment of a Recovery space due to launch October 2021.